THE NASHVILLE CONNECTION

A LOCAL SYSTEM OF CARE

The Nashville Connection is a project that is designed to change the way that the Tennessee public service system responds to children with mental health needs. In October 1999, the Tennessee Department of Mental Health and Developmental Disabilities received a grant for the Nashville Connection from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS). After a year of planning and laying the foundation for a System of Care (SOC), the Nashville Connection began enrolling children and families in October of 2000. In the course of three years, the project has served 205 children and their families.

Mission

The mission of the Nashville Connection is to implement a coordinated, accountable child and family-centered system of care to enable (1) children with serious emotional disturbance (SED) to be cared for in their homes, schools, and community; and (2) children and families to develop skills for managing their lives in their homes and community.

Core Values of a System of Care

- The needs of the child and family dictate the types and mix of services that are provided.
- Needed services are available in the child's community.
- Service management and decision-making responsibility rest at the community level.
- Service providers are sensitive to and appreciate the importance of the culture of the child and family in developing a service plan that is based on their strengths.

Guiding Principles

Children with SED should

- Have access to a comprehensive array of physical, behavioral and educational services;
- Receive individualized services in accordance with their own needs and strengths;
- Receive services in the least restrictive, most normative environment that is clinically appropriate;
- Have a smooth transition between the child and adult service systems beginning at age 18;
- Have rights that must be protected and must have access to effective advocacy;
- Have access to early identification and treatment to enhance the likelihood of success;
- Be assured that their families will be included as full partners in planning, delivering and evaluating services;
- Obtain integrated services with linkages between service providers for service planning and delivery;
- Have access to service coordination such as case management; and
- Receive services without regard to race, religion, national origin, sex or disability.

Guiding Philosophy

The Nashville Connection is more than a way to provide services and funding for children with SED and their families. It is a way to reorganize and coordinate the way that the service system plans, funds, delivers and evaluates the services that are provided for these children.

Those involved with the development of the Nashville Connection believe that children grow up best in families in their own community. Opportunities are provided for families, schoolteachers and significant others in the community to learn how to safely and effectively meet the needs of children with SED in the home and community.

Keeping children in the community and families together is accomplished by

- Teaching families to identify their natural supports and resources so that both formal and informal services are "wrapped around" children and their families;
- Building partnerships among families, school teachers, service providers and others in the community so that services are integrated and coordinated;
- Developing a culturally competent service system that is sensitive and responsive to all people in the community;
- Promoting the use of a single service plan for a child involved with multiple agencies to simplify the process for families, to maximize funding resources, and to promote interagency collaboration;
- Providing training and education to the system of care stakeholders; and
- Promoting informed decision making through continuous quality improvement and evaluation.

In redesigning the way we serve children with SED in Davidson County, we hope to strengthen our neighborhoods and community, provide much needed support to our schools, reduce out of home placement for children with SED, and be more efficient and effective in managing service dollars.

Selection Criteria

A planning team of parents, advocates, state and local agencies developed Nashville Connection enrollment criteria that includes the federal and state definition for SED. These are children and youth who:

- Live in Davidson County or will be placed in a family home in Davidson County; *and*
- Are between the ages 8 through 13; *and*
- Have SED (includes a mental health diagnosis (DSM IV) and a level of impairment that substantially impacts the child's ability to function at home, school or in community activities); *and*
- Are involved with two or more agencies; *and*
- Are at immediate risk of placement in state custody, a hospital or residential placement; *or*
- Are in state custody or out-of-home placement but are able to return to home and community with the needed supports for the child, family and school.

WRAP-AROUND PROGRAM MODEL

The Nashville Connection strives to achieve goals through a "wraparound process" of service planning and delivery. This process was developed and described by John VanDenBerg, Ph.D.[1], and is the model promoted nationally by the Center for Mental Health Services. "Wrap-around" means that the types and amounts of service that are provided fit the needs and strengths of the child and family vs. the child and family fitting into a service "program." In addition, the wraparound model relies heavily on an informal service system that reinforces the contributions of family, friends and community. Using the wrap-around model, the Nashville Connection promotes parents/caregivers as the experts on their child who are empowered to participate on their child's service team as full partners, advocating for what their child needs to be successful at home, in school and in the community.

[1] Vroon VanDenBerg, 9100 Panorama Dr., Suite 200, Englewood, CO 80112, john@vroonvdb.com

The wrap-around model is both unconditional and outcome based. Children cannot be "kicked out" of the Nashville Connection if their service plan is not working. If a child is not immediately successful with a service strategy, the Child and Family Team is reconvened to assess what changes are needed. When children and families experience unconditional support, they are able to persevere through extremely difficult circumstances to achieve their goals.

The Nashville Connection uses an interview process to to help children and their families recognize assets and resources that they may not discover on their own. This "strengths discovery" process helps families create or rediscover their relationships with their family, friends, and community. As families strengthen their informal supports, they have less need for the formal service system. In this way the Nashville Connection helps families achieve self-sufficiency and improves the cost effectiveness of the service system.

Even as a toddler, my daughter's behavior was a problem. By the time she was 6 years old she was thrown out of about 15 day care centers. She has been in and out of psychiatric hospitals and involved with juvenile court. I had to quit or lose my job and I lost touch with friends and family. I could not even take us to church.

A year ago, we were referred to the Nashville Connection. My daughter is not cured of her mental illness and probably will never be; but, as a family we are getting along better together. Her medication management has improved and school no longer calls me everyday. She has not had any police contact for over a year. There have been some ups and downs but the ups have been a whole lot better than the do

L. P., mother of Nashville Connection child.

Flexibility and cultural competence are hallmarks of the wrap-around process. The strengths discovery process is the vehicle for bringing family connections, customs, and values to bear in solving current problems. Knowing what is important to our children and families prevents us from making assumptions that could be harmful to our relationship with them. This process also helps the Child and Family Teams to see new opportunities for service and support that would not otherwise have been considered.

PROGRAM COMPONENTS

Family Service Coordinator (FSC)

Family Service Coordinators are family advocates recruited from the community because they have experienced the service system as a parent or family member of a child with SED. Because client families feel a bond with them, they serve a pivotal role in both empowering families and in supporting case managers who are responsible for service coordination. Each FSC is assigned a maximum of 10 families. FSC responsibilities include:

- Conducting a strengths-based assessment with each family that identifies resources and natural supports they have within the family and in the community;
- Helping each family to organize a Child and Family Team (CFT) that is representative of the family's cultural, ethnic, and spiritual framework, as well as the formal service sector that is involved with them;
- Facilitating CFT meetings to develop the child and family service plans;
- Negotiating service development and funding for child and family service plans; assist with finding informal supports necessary to achieve service plan goals;
- Assigning Nashville Connection flex funds

for services not otherwise funded by the service system and in accordance with federal guidelines;

- Facilitating parent relationships with other agencies in the community that are involved with the child, e.g., school, mental health provider and Department of Children's Services. This includes teaching parents how to navigate the service system, how to participate in meetings, how to advocate for their child, what questions to ask, where to seek additional resources;
- Facilitating information sharing among child and family team members;
- Recording enrollment and service plan data in the child's electronic record including: service history, service plan, funding sources, progress notes, announcements, discharge summary; and
- Being available to families to solve on-going problems with the service system.

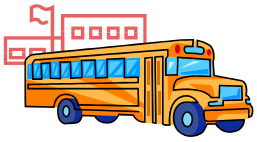
"The Nashville Connection has helped my family in many ways. Over the past five months, there is much more understanding of my child's illness and what is needed for him. We have established weekly family meetings, a reward system for good behavior and more structure in the home. My Family Service Coordinator has helped me realize that we do have good positive things about each of us. I realize that the road ahead could still be long and hard; but with Nashville Connection to help keep me on the right track it won't be so treacherous."

C. T., mother of a Nashville Connection child

School Based Mental Health Liaison (SBMHL)

A very significant portion of a child's life is spent in school. During year one of the Nashville Connection, teachers told us that they need child mental health information as well as instruction in behavioral management to meet the needs of a child with SED and the needs of other students in the class. The school-based mental health liaisons are child advocates who provide mental health education and support for classroom teachers and other school personnel that interact with children in the Nashville Connection. They are masters degreed clinicians who, in concert with the FSCs, provide a bridge for the child between school and home. Their responsibilities are:

- Consultation with classroom teachers and other school personnel related to the needs of specific children in the Nashville Connection;
- Education and training with classroom teachers and other school personnel on subjects related to children's mental health, mental illness, behavior management and other treatment modalities;
- Participation on the Individualized Education Plan (IEP) team at parent request;
- Sharing child-related school information with the FSC for inclusion at the Child and Family Team meetings. At parent request, attends meetings as needed.
- Responding to school-based crises for the children in the Nashville Connection by providing instructional times for the teacher to demonstrate how to de-escalate a potentially serious situation.
- Providing case management for children enrolled in the Nashville Connection when this service is not available through other funded sources.



Metro teachers have this to say about their work with the Nashville Connection School-Based Mental Health Liaisons:

"The MHL was not just a name to call. She helped us with healthy interventions."

"The MHL is a resource that provides support for both school and home".

"The MHL is very helpful in crisis situations. She is helpful and informative with staff. She really cares about the students."

Twice a year satisfaction surveys are sent to the public school teachers and principals to give feedback on the work of the Nashville Connection School Based Mental Health Liaisons. With a return rate of 55 to 75% and a possible best rating of 4.0 on five dimensions, the school-based support of the Nashville Connection consistently scores in a range of 3.66 to 3.88.

Child and Family Team (CFT)

The CFT is the heart of the Nashville Connection. It is in this context that full partnership between families and agencies comes to fruition. It is a program policy that no Nashville Connection meeting about a child and family will occur without the parents or a designated family member being present. Other agencies involved with the child and family are encouraged to follow this policy as well. The Nashville Connection enables family participation by providing needed transportation and/or childcare. Team meetings are scheduled to accommodate the caregiver's needs and schedule. Equally important is the confidence that family members feel in their participation because they know that the CFT meeting is their meeting and they have the Family Service Coordinator as their advocate to help them present their ideas and wishes to the team.

"The first time I heard about a Child and Family Team meeting, I was relieved because I knew I would finally be heard in making decisions about my son's treatment and that I would have assistance in meeting his needs with a focus on his strengths, not his deficits. I was also encouraged that everyone involved was there to assist us and not to tell me what I was doing wrong or to investigate my parenting skills."

S.S. Nashville Connection parent

When a child is enrolled in the Nashville Connection, an FSC meets with the child and family within 24 hours. At this time, he or she conducts the strengths-based assessment and begins to devise, with the family, a preliminary list of people that need to be at the CFT meeting. A typical list might include the parent(s), child, parent advocates, professionals involved with the child, siblings, community members, referral source and anyone else that may offer resources and support to the child and family

If the child has an assigned case manager, the FSC works with the case manager to organize and set up the CFT. If the child does not have a case manager or the one assigned is not actively involved with the family, the FSC facilitates a case manager being assigned or re-connected with the family. The FSC and case manager have a joint responsibility for ensuring that the child receives the needed services. Case managers also must fulfill their own agency mandates for that child as the FSC functions only as a family advocate on the CFT.

The first team meeting occurs within 30 days of enrollment. The FSC prepares an agenda and ensures that all team members have a summary of information that addresses the child and family strengths and needs. The team decides what services are needed, who will fund and provide services and who will be responsible for ensuring that they are delivered.

My child is diagnosed with bi-polar disorder and attention deficit hyperactivity disorder. Through Nashville Connection I have learned how to get the services my family needs. Before I got help from the Nashville Connection, I held 13 jobs in one year because of my child's mental illness. This program has helped me to talk to other people and express my feelings in regard to my child's mental health and treatment. Previously, I could not talk with my child's psychiatrist about medications, problems with side effects and other options. I now know that I can be heard. We have spent ten years going through difficult times without assistance that was effective. We have now had over two great years and have no more juvenile court involvement."

A.N., parent of a Nashville Connection child

Strengths-based Discovery Strengths-based discovery is an advanced skill that is taught to the Service Coordinators to assist the family and team in using all of the resources and available talent to meet the needs of the family. Exploring strengths with a family and a team is a powerful process that sets the values and context for developing the plan of care. Focusing on child and family strengths is also a way to strengthen the cultural competence of both the process and the service plan.

Strengths are initially identified across 11 domains: mental health, family/relationships, home/place to live, social/vocational, education, crisis/safety, medical, cultural/spiritual, substance abuse, legal and financial. Exploring a family's beliefs, traditions, hopes and dreams are critical elements incorporated in the next steps. After strengths of the family and child are identified in each domain, the team and family identify concerns they have, which typically are broad, encompassing all domains. Needs are subsequently identified from the concerns and prioritized by the family and team.

One Nashville Connection mother shared that her daughter was frequently late or absent from school because she was so ill-tempered and argumentative in the mornings. Family members frequently fought with her to get her prepared for the day. Nothing seemed to work. During the strengths-based assessment, it was learned that the daughter loved music. The Child and Family Team agreed to provide the child with a compact disc player; the girl was required to earn rewards of new music by successfully using the disc player to calm herself through her morning routine. Based on a behavioral chart, the child was able to wake herself and get ready for the school day without her mother's extensive involvement and without hassle. The mother reported this tool was nearly miraculous and the child's attendance at school skyrocketed.

Service Plan

The strengths-based assessment that the FSC conducts with the child and family prior to the CFT meeting is the basis for service plan development. Service plan goals and measurable objectives are generated from the most important concerns identified by the child and family. Persons are assigned to each objective and are responsible for reporting progress at each CFT meeting. The Child and Family Service Plan, which encompasses the strengths, needs, and interventions described above, is reviewed by the CFT and family at least every ninety days. However, family members or any member of the CFT may call a meeting as needed. Throughout this process, the family has input and responsibilities.

A Nashville Connection goal is that each service plan is comprised of at least 50% informal services that are a part of the family's natural support system. This enables families that have become isolated from family, friends and community to become reconnected so that these supports are available to them on a consistent basis during and after the child leaves the Nashville Connection project.

Each service plan includes a crisis response plan that helps parents know who to contact when situations arise with their child that they cannot handle alone. Nashville Connection administrators and service partners in the community work together to develop a crisis response protocol that improved crisis response time by 90% for children enrolled in the project. In addition, families in the Nashville Connection have increased access to emergency respite services. These strategies have worked well to de-escalate situations that could develop into hospital admission, court or police involvement.

Family Involvement

When the Nashville Connection began in 1999, the state had a well-organized parent support network in Tennessee Voices for Children (TVC), the Tennessee Chapter of the Federation of Families. This

organization has been providing outreach and support since 1990 to Tennessee families in seeking mental health services for their children with SED. The organization has well-established parent support groups throughout the state, including Davidson County. TVC agreed to partner with the Tennessee Department of Mental Health and Developmental Disabilities; Centerstone Community Mental Health Centers, Inc.; Vanderbilt Institute for Public Policy Studies and many other state and local agencies to design and implement the Nashville Connection system of care project.

The Nashville Connection is committed to family involvement in every aspect of a system of care.

- Most family service coordinators are parents/caregivers of children who have SED and are hired and trained to help other families learn how to navigate the service system.
- Parents/caregivers participate on the Local Action Council, a Davidson County group that is responsible for ensuring that the Nashville Connection is meeting the needs of the children and families participating in the project.
- The State System of Care Council includes parents/caregivers to ensure that they have a voice in policies, agreements, and other developments that shape Tennessee's service system for children.
- The Nashville Connection evaluation has one of the highest family participant rates in the country.
- Caregivers have participated in project-related focus groups in which they have shared their insights on the current service system as well as what is needed for improvement.
- Caregivers explain what needs to be included in the evaluation of the Nashville Connection for that information to be meaningful for them and other families.

The participation of caregivers in all of these activities demonstrates their commitment to furthering a coordinated, accountable child and family-centered system of care in Tennessee. The information that they contribute is instrumental in determining if the children are getting better and staying better and what changes need to be made to improve the service system. It provides a basis for discussion with state and local leaders, elected officials, service providers and others who are responsible for funding or implementing services with public dollars.

Flexible Funding

Successful service planning anticipates the unexpected and the unusual need. However, establishing a funding category for every anticipated need would be almost impossible to provide and probably not a wise use of scarce dollars. Flexible funding is a cost-effective mechanism to expand service availability that allows Child and Family Teams to develop individualized service plans for children with SED and their families.

The Nashville Connection established flexible funds to provide services that could not otherwise be funded by existing sources. These services are often the "glue" that holds the service plan together. Typically, these are often services such as transportation, childcare, respite, mentoring, family counseling, parent education and support, conflict resolution, after-school and recreational activities for children.

Funding for these services is especially important in the beginning when the child and family are experiencing the greatest stress. Being able to participate in positive peer group activities is not only motivation for a child to change behavior, it can be an integral part of the child's therapeutic plan. Although many of the services listed may be provided by family and friends on a volunteer basis through the strengths-based planning process, other services may need some funding.

One child in the Nashville Connection avoided school because he was teased about his dirty clothes by the other children. His mother could not afford frequent trips to the laundry. The team purchased a clothes washer for this family and solved school truancy problems.

Flex funds were used for another family to purchase alarms, locks and cordless telephones to increase family safety when their child experienced violent tendencies due to psychosis.

.

Several families have used flex funds for summer camping, dance lessons, karate, and scouting to reward children for achievements on their service plan. Through flex funds, the children had access to healthy recreational activities and opportunities to learn positive social skills.

Service Continuum

The service continuum for Nashville Connection children is supported by a broad resource network with several funding sources. Services are both formal and informal as listed below:

SERVICES

FORMAL SERVICE SYSTEM	AUXILIARY & SUPPORT SERVICES	INFORMAL SERVICES
Funding: Public and private insurance, family self-pay	**Funding:** System of care grant	**Donated/Volunteer/Family**
SERVICES	**SERVICES**	**SERVICES**
Early Prevention, Screening, Diagnosis, and Treatment (EPSD&T)	Family advocacy & support	Transportation
Psychological & Psychiatric evaluation	School-based teacher support	Child Care
In-patient & residential treatment	Youth support groups	Boy Scouts
Medication management	Parent support groups	Mentoring
Intensive home-based services	Parent education groups	Summer camp
Case management	Anger management groups	Clothing
Therapeutic foster care	Planned & emergency respite	Dance classes
Permanency planning	Child care	Martial arts classes
Special education	Transportation	Community sports programs
Crisis respite and response	Recreation	Behavioral contract rewards
Primary health care	Safety equipment	Therapeutic horseback riding

Prior to their participation in the Nashville Connection, families had a difficult time knowing how to navigate this complex service system especially when they needed services from several agencies. The Child and Family Team, wrap-around process, family advocates and teacher support are the special Nashville Connection features that enable the continuum to function as a coordinated unit for children and families.

PROFILE OF THE CHILDREN AND FAMILIES IN THE NASHVILLE CONNECTION

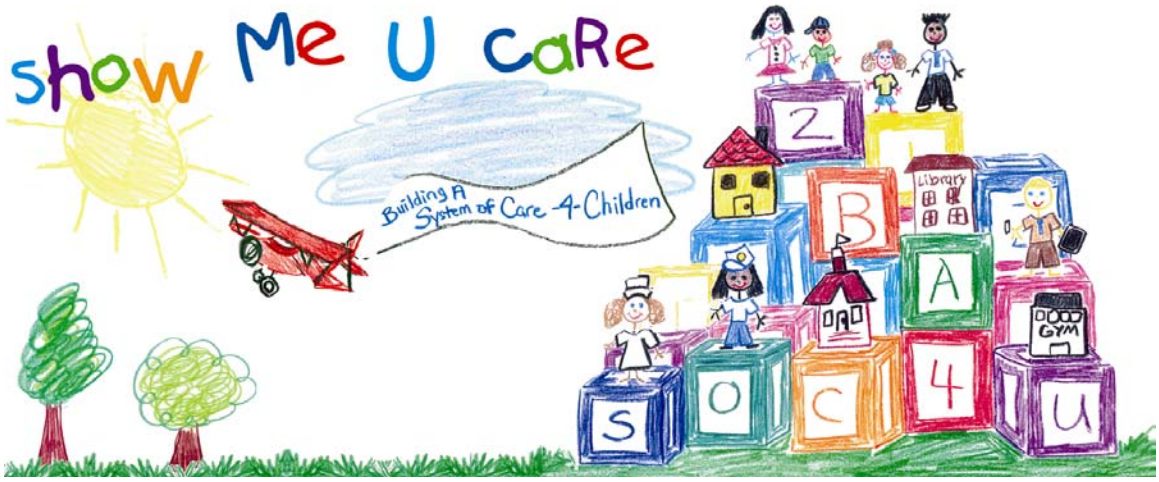
Since October 2000, the Nashville Connection has served 205 children with SED and their families. The children and families are from many races and cultures: African-American, Caucasian, Bi-Racial, Middle-Eastern, Native American and Hispanic. Currently enrolled children range from age 8 to age 16 years. All of the enrolled children were struggling with difficulties related to their serious emotional disturbance that often result in hospitalization, commitment to state custody, involvement with juvenile court, school suspension or alternative school placement.

When families are enrolled into the Nashville Connection, they are asked to participate in a local and national evaluation. To be included in the evaluation, caregivers and youth (11 years of age and older) agree to participate. Although more than one child from a family may be enrolled in the project, only one child in each family is included in the evaluation so that the caregiver is not asked to complete multiple interviews.

The purpose of evaluation information is to provide the state System of Care Council, families and project managers with data that will guide good management decisions about the project. This data is used to inform others about the results of a system of care strategy for providing services to children with SED and their families.

Vanderbilt Institute for Public Policy Studies, Center for Mental Health Services, conducts the evaluation components under the grant. Evaluation staff not only implement the national protocol, which is a requirement of the grant, but also help the participating families and provider agencies to identify and collect information that is meaningful to the community.

The following is a summary of their report for the spring of 2003. The next report will be in Winter 2003.



Nashville Connection Local Data Profile Report

Vanderbilt Institute for Public Policy Studies
Center for Mental Health Services

July 2003

Child Characteristics **(119 children enrolled in evaluation study)**

Gender: 33% girls, 67% boys

Average Age: 10.8 years at enrollment into the *Nashville Connection*. Currently (July 2003) the children enrolled in the *Nashville Connection* range from 8 to 16 years of age. 11% are 10 years of age and younger; 51% are between the ages of 11 and 13 years of age; and, 38% are 14 and older.

Race/Ethnicity: 61% of the children are African American; 22% are Caucasian; 8% are bi-racial and, 10% are described as "other" (Native American, Asian, Arab). 3.4% report being of Hispanic origin.

Family Characteristics

Family Composition: 62% of children live in single-parent homes, 6% live in two-parent homes, 20% live with another relative, 3% live with adoptive parents, 4% are in specialized foster care, and 6% are in residential treatment centers (2.8% of whom are in the custody of the state).

Living Arrangements: 89% of the children are in a single living arrangement during the 6 months prior to enrollment in the *Nashville Connection*. 67% of those children continue in that same living arrangement 6 months after enrollment.

Income: Caregivers report that 83% are eligible for Medicaid coverage, 26% of the children receive Social Security benefits (SSI), 26% of the families participate in TANF, and 12% participate in CHIP.

Family Risk Factors: 79% identify at least one family risk factor, and 53% identify three or more risk factors. The highest report family risk factors are history of mental illness (63%), history of violence (58%), history of substance abuse problems (60%), and history of felony conviction (51%).

Child Risk Factors: 55% report that their child has at least one risk factor for serious emotional disturbance. The most frequently reported child risk factors are previous psychiatric hospitalization (35%), history of physical abuse (21%), history of sexual abuse (20%) and attempted suicide (13%).

Referral Source and Diagnosis

Referral: 36% are referred by a mental health agency, 17% by schools, 19% by a caregiver, 2% through courts and correctional institutions, and 8% by child welfare.

Primary Diagnosis: 50% ADHD, 23% bipolar, 8.5% depression, 8.5% oppositional defiant, and 7% PTSD

Multiple Diagnoses – Co-occurring Diagnoses: 96% have a secondary diagnosis, 52% have three or more diagnoses. 2% of the families report that their children have co-occurring substance use problems.

Educational Status

Individualized Education Plan (IEP): 64% of the *Nashville Connection* children have an IEP; most of these children (96%) have IEPs related to the emotional disturbance designation, and 57% are identified as also having learning disabilities.

Classroom Placement: 100% of children are in a school setting, 3% receive education in an alternative school setting (not including magnet, Metro alternative school placement). 39% receive remedial educational supports. 49% spend between 75% and 100% of the school day in special education classrooms.

School Discipline: At enrollment, 83% of the children had experienced school suspensions, and 6% expulsion. At 6 months, 56% had experienced suspension, a 33% decrease; and at 12 months, 61% had experienced suspension, an overall 27% decrease from the baseline parent reports. No expulsions occurred at the 12-month follow-up. In-school detention increased by 7% at 6 months and then declined to 13% at 12 months. It is difficult to know why detention increased. Changes in schools, classroom, and teachers likely affect a child's behavior, not to mention differences in expectations for a child. It is important to note that detention is a less serious disciplinary action.

Attendance: Improved attendance is noted across time for children. At baseline, 38% of the caregivers reported that their children missed one day or less per month. At the 6-month follow-up, 58% of the caregivers reported that their children missed a day or less of school each month. This increased to 68% at the 12-month follow-up – an overall increase of 62% in school attendance. Reduced absenteeism is associated with the services provided through the *Nashville Connection*.

Grades: 8% of the children had *significant* improvement in their average grades, 70% had stable grades, and 22% experienced a decline in grades between enrollment and the 6-month follow-up. Most of the change in terms of declining grades was from an A to a B. At enrollment 12% of the children were failing more than half their classes; at the 6-month follow-up 7% reported failing more than half their classes. At baseline, 37% of the parents reported that their child received mostly A and B averages; at 6-month follow-up, 65% reported these grades for their children. For those children completing the 12-month follow-up, grades remained fairly stable: 9% reporting an A average, 56% reporting a B average, and 25% reporting a C average.

Clinical Outcomes

Behavioral Problems (Child Behavior Checklist – CBCL): 42% of the children showed a significant reduction in internalizing behaviors (depression, anxiety, etc.), 46% remained stable, and 11% showed some worsening of symptoms between baseline and the 6-month follow-up. 44% of the

children showed significant improvement in externalizing, acting-out behaviors, 43% remained stable, and 13% showed worsening of acting-out behaviors during the same time period.

GAF Scores ranged from 20 to 57 with a mean score of 42.2 for the *Nashville Connection* baseline evaluation sample.

Functional Outcomes (Home, School, Community): There was fluctuation in terms of improvement of home and school social function as measured on the CAFAS. Some significant change was noted for home (relationships with parents, siblings, etc.), school, and for social function in the community (e.g., delinquent behavior). However, parents reported an overall decline in CAFAS scores between the 6-month and 12-month follow-ups for school and community functioning.

- 83% of the children were assessed in the severe range for home functioning at baseline, 70% at 6-months. Of those children eligible for the 12-month follow-up, 67% were in the severe range at the time of assessment.
- 86% of the children were assessed in the severe range for school functioning at baseline, 74% at 6-months. Of those children eligible for the 12-month follow-up, 79% were in the severe range at the time of assessment.
- 33% of the children were assessed in the severe range for community functioning at baseline, 13% at 6-months. Of those children eligible for the 12-month follow-up, 23% were in the severe range at the time of assessment.

The Nashville Connection
Funded through the Tennessee Department of Mental Health and Developmental Disabilities
by
Center for Mental Health Services (CMHS)
Substance Abuse and Mental Health Services Administration (SAMHSA)